

WEN-0008



PATENT APPLICATION

RESPONSE UNDER 37 C.F.R. §1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 3739

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Takua NAKAMURA et al.

Examiner: A. M. Farah

Application No.: 09/964,449

Art Unit: 3739

Filed: September 28, 2001

*Confirmation No.: 1688*

For: CORNEAL SURGERY APPARATUS AND CORRECTION DATA DETERMINING  
METHODS

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

MS AF

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

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MAR 15 2004  
TECHNOLOGY CENTER R3700

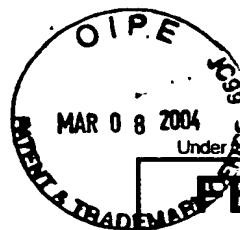
**INTRODUCTORY COMMENTS**

In response to the Office Action dated September 8, 2003 (Paper No. 6), finally rejecting claims 1-10, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

Do not enter Please 3/29/04



MAR 08 2004

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PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# Fee Transmittal for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

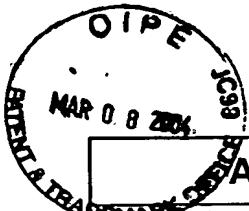
**TOTAL AMOUNT OF PAYMENT** **(\$)** **1,280.00**

Complete if Known

Application Number	09/964,449
Filing Date	September 28, 2001
First Named Inventor	Takua Nakamura
Examiner Name	A. M. Farah
Art Unit	3739
Attorney Docket No.	WEN-0008

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)									
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES								
<input checked="" type="checkbox"/> Deposit Account:				<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
Large Entity	Small Entity												
Fee Code	Fee (\$)	Fee Code	Fee (\$)										
Deposit Account Number <b>18-0013</b>				1051	130	2051	65						
Deposit Account Name <b>Rader, Fishman &amp; Grauer PLLC</b>				1052	50	2052	25						
The Director is authorized to: (check all that apply)				1053	130	1053	130						
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				1812	2,520	1812	2,520						
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)				1804	920*	1804	920*						
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				1805	1,840*	1805	1,840*						
<b>FEE CALCULATION</b>													
<b>1. BASIC FILING FEE</b>													
Large Entity		Small Entity											
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description									
1001	770	2001	385	Utility filing fee	<input type="checkbox"/> Fee Paid								
1002	340	2002	170	Design filing fee	<input type="checkbox"/>								
1003	530	2003	265	Plant filing fee	<input type="checkbox"/>								
1004	770	2004	385	Reissue filing fee	<input type="checkbox"/>								
1005	160	2005	80	Provisional filing fee	<input type="checkbox"/>								
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		<b>0.00</b>									
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>													
Extra Claims		Fee from below		Fee Paid									
Total Claims	10	-20** =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Independent Claims	3	-3** =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Multiple Dependent			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Large Entity		Small Entity											
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description									
1202	18	2202	9	Claims in excess of 20	<input type="checkbox"/> Fee Paid								
1201	86	2201	43	Independent claims in excess of 3	<input type="checkbox"/>								
1203	290	2203	145	Multiple dependent claim, if not paid	<input type="checkbox"/>								
1204	86	2204	43	** Reissue independent claims over original patent	<input type="checkbox"/>								
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	<input type="checkbox"/>								
<b>SUBTOTAL (2)</b>		<b>(\$)</b>		<b>0.00</b>									
** or number previously paid, if greater; For Reissues, see above													
(Complete if applicable)													
Name (Print/Type)	Ronald P. Kananen Shawn B. Cage			Registration No. (Attorney/Agent)	24,104 51,522	Telephone	(703) 955-3750						
Signature				Date	March 8, 2004								

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## AMENDMENT TRANSMITTAL LETTER

Docket No.  
WEN-0008

Application No.  
09/964,449

Filing Date  
September 28, 2001

Examiner  
A. M. Farah

Art Unit  
3739

Applicant(s): Takua NAKAMURA et al.

Invention: CORNEAL SURGERY APPARATUS AND CORRECTION DATA DETERMINING METHODS

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 20 =		x	0.00
Independent Claims	3	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Notice of Appeal Petition for Extension of Time					330.00 950.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,280.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 18-0013 in the amount of \$ 1,280.00. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: March 8, 2004

Ronald P. Kananen  
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